Best Available Com

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI)	10/02/7-1				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY		OTHE	R THAN	
F	OTAL CLAIMS	\$	(000)	**** '	(CO	Colomin 2)		TYPE	 -	OF		ENTITY	
FOR .			> /		-		l	RATE			RATE	FEE	
			NUMBER FILED		NUM	BER EXTRA	ŀ	BASIC F	EE 385.	" of	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			.57minus 20=		-3	<i>T</i>		X\$ 9	•	OF	X\$18=	666	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PI			A minus 3 =			5		X43=		OF	X86=	420	
Ľ	ULTIPLE DEPE	NDENT CLAIM P						+145=		ОЯ	+290=	177	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		ОЯ	TOTAL	1966-	
	CLAIMS AS AMENDED - PART II										OTHER	THAN	
_	(Column 1) (Column 2) (Column 3) CLAMS HIGHEST								L ENTITY		SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 56	Minus	** 5	٦	- /		X\$ 9=		OR	X\$18=		
ME	Independent	. 7	Minus	***	જે	=/		X43=	 	OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	┤∽		•	
								+145=		ОВ	+290=		
							Ė	TOTA DDIT. FE	E	OR	ADDIT. FEE	نـــــا	
·		(Column 1)		(Colum		(Column 3)				,			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA	÷	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 56	Minus	. 5	b	-/		X\$ 9=		OR	X\$18=		
AME	Independent	• 9	Minus	444	8/	-		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	CITPLE DE	PENDENI	LAIM			+145=		OR	+290-		
• • •							Δ.	TOTAL		OR	TOTAL ADDIT, FEE		
	•	(Column 1)		(Colum	n 2)	(Column 3)		J J 1, 1 C		_ ′			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	st A ISLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	**		. ,		X\$ 9=			X\$18=		
到	Independent	•	Minus	ine		=	-		 	OR			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· -	X43=	ļ	OR	X86=		
	the entry in eat.	+145=		OR	+290=								
!!	the "Highest Nun the "Highest Nun	nn 1 is less than the ober Previously Pai ober Previously Pai ber Previously Paid	For IN THIS	S SPACE is A	ese than	20, enter "20." 3, enter "3."		TOTAL DOT. FEE d in the ap	propriate b		TOTAL DDIT, FEE IMD 1.		